



**APPLICATION FOR NUISANCE
WILD ANIMAL CONTROL PERMIT**

State Form 5600 (R5 / 8-09)
DEPARTMENT OF NATURAL RESOURCES

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Attn: Permit Coordinator
Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

- Instructions:** 1. Please type or print information.
2. Please sign and mail the completed application form
to the above address.

Check One: ☐ New Applicant ☐ Renewal

Date _____

Name of Applicant: _____ Telephone Number: _____

Date of Birth: _____ E-Mail Address: _____

Name of Business (if applicable): _____

Address (Number and Street or Rural Route): _____

City: _____ State: _____ ZIP Code: _____ County: _____

Business Website (if applicable): _____

- 1) Will you be charging a fee or providing nuisance wild animal control services to the public? ☐ Yes ☐ No
If you are a new applicant and answered yes, you must first successfully complete the permit examination.

2) Names of assistants (if applicable): _____

3) List the species of wild animals that will be removed: _____

4) List the proposed method(s) of capturing wild animals (live-trap, hand catch, snare, etc.): _____

5) List all methods of disposition that will be used (release, euthanize by carbon dioxide, gunshot, etc.): _____

For landowners, tenants, maintenance staff, and others that do not charge a fee or provide nuisance wild animal control services to the public:

- 1) Is this on your own property? ☐ Yes ☐ No

2) List the property address (street, city, county) where the animals will be removed (if different from above): _____

For individuals who charge a fee or provide nuisance wild animal control services to the public:

1) List the counties where you plan on removing nuisance wild animals (county names): _____

*I have read and understand the regulations and agree to abide by them. Under the penalties of perjury (IC 35-44-2-1),
I affirm the information supplied by me is true and correct to the best of my knowledge.*

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Test/Cont Ed.: ☐ Yes ☐ No ☐ N/A Issue Date: _____ Exp. Date: _____

Approved by: _____ Date: _____

Comments: _____